107000012506

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



400276347614

10/16/15--01030--007 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA K.SALY EXAMINER OCT 19 2015

COVER LETTER

| TO: Registration Division of C | Section Corporations | | |
|--------------------------------|--|--|---|
| SUBJECT: | VIP Auto | LLC | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | : |
| Please return all corre | spondence concerning this matter | to the following: | |
| | VLadin | Name of Person | X |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 11765 Soei | TH ORANGE Blos | ssom Tlail |
| | | Address | |
| | ORLan | City/State and Zip Code and and an and an and an and an | 7 |
| | | City/State and Zip Code | |
| | VIPaerTORL | andow Cmail. | Com |
| For further informatio | n concerning this matter, please ca | | ncanon) |
| | | | 1201 |
| Vice | dimir | at (<u>321)</u> 2306 Area Code Daytime | 7502 |
| Nam | e of Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check fo | r the following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

| TO E. |
|--|
| ARTICLES OF ORGANIZATION |
| OF 20/5 on |
| ARTICLES OF ORGANIZATION OF 20150CT 16 PM 4: 2 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on and assigned |
| Florida document number L 07000012506 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| |
| |
| Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| (Mulling address MAT BE A FOST OFFICE BOX) |
| |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: |
| |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address |
| _, Florida |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

| | from our records: | s) authorized to man | age, <u>enter i</u> | FILED | ich person benig adde |
|--------------|-------------------|----------------------|---------------------|--|-----------------------|
| | athorized Member | | | 2015 007 10 - | |
| <u>Title</u> | <u>Name</u> | ~ | <u>Address</u> | 2015 OCT 16 PM 4: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA | Type of Action |
| MGR | IRINA | Sulyagin | 'a | - TUMSSEE, FLORIDA | 🗖 Add |
| | | | | | |
| | | | | | Change |
| | | | | <u></u> | Add |
| | | | | | Remove |
| | | | | . <u>. </u> | □ Change |
| | | | | | Add |
| | | | - | | □ Remove |
| | | | | | Change |
| | | | | | |
| | | | | 1 | Remove |
| | | | | | Change |
| | | | | | |
| | · | | | | Remove |
| | | | | | Change |
| | | | | | Add |
| | | | | | Remove |
| | | | | | Change |

| PLease | Removed | IRINA Su | Lyagina |
|--|--|--------------------------------------|--|
| FROM | per compar | y Record. | |
| ··· • | | | |
| | | - | _ |
| | | | 720 |
| | | | |
| | | | £ 5 |
| - | | | ASSER FLOW |
| | | | 2.5 |
| | | | <u> </u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | han the date of filing: | prior to date of filing or more than | (optional) n 90 days after, filing.) Pursuant to 605.0 |
| ive date, if other the | date must be specific and cumor be | prior to dute of ming or more the | irements, this date will not be listed |
| If the date inserted i | | | |
| If the date inserted i | on the Department of State's rec | | |
| If the date inserted in ent's effective date of cord specifies a cord spec | on the Department of State's rec | ords. | at 12:01 a.m. on the earlier |
| If the date inserted in ent's effective date of the cord specifies a cord | on the Department of State's rec delayed effective date, bu the record is filed. | ords. | |
| If the date inserted in ent's effective date of the cord specifies a cord | on the Department of State's rec delayed effective date, bu the record is filed. | ords. | |
| If the date inserted in ent's effective date of cord specifies a cord spec | on the Department of State's rec delayed effective date, bu the record is filed. | ords. | |

Page 3 of 3

Filing Fee: \$25.00